

TRANSMITTAL FORM

Attorney Docket No.

P194/1588P

In re the application **ANDERSON, et al.**Serial No: **09/526,262**Filed: **March 16, 2000**Confirmation No: **1500**Group Art Unit: **2623**Examiner: **Dastouri, Mehrdad**For: **Method and System for Providing A Photo Album To A User Of A Digital Imaging Device**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input checked="" type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosures (please identify below)
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	RECEIVED SEP 25 2003 Technology Center 2600	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for <u>one (1) month</u>, from August 30, 2003 to September 30, 2003.			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	38	37	1	\$18.00	\$ 18.00
Independent Claims	5	4	1	\$84.00	\$ 84.00
				Total Fees	\$ 102.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>6520</u> in the amount of \$ <u>212.00</u> is enclosed for payment of fees. One (1) month extension of time fee \$110.00; Excess Claims fee \$102.00
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	September 17, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 17, 2003

Type or printed name	Grace Alicea
Signature	